

RESERVE COMPONENT SURVIVOR BENEFIT PLAN ELECTION CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C.1448, Application of Plan and E.O. 9397.

PURPOSE: To allow eligible personnel to elect to participate in the Survivor Benefit Plan.

ROUTINE USE: None. Furnishing the information is voluntary. Not providing the information could delay the processing of your Reserve Component Survivor Benefit Plan Election.

US AIR FORCE RESERVE/ANG ONLY
MAIL THIS FORM TO:

HQ ARPC/DPSSE
6760 E IRVINGTON PL #4000
DENVER CO 80280-4000

DSN: 926-6438

TOLL FREE: 1-800-525-0102,
EXT 227

COMMERCIAL: (303) 676-6438

THE DECISION YOU MAKE WITH RESPECT TO PARTICIPATION IN THIS RESERVE COMPONENT SURVIVOR BENEFIT PLAN IS VERY IMPORTANT. PLEASE CONSIDER YOUR DECISION AND ITS EFFECTS VERY CAREFULLY.

SECTION I

MEMBER INFORMATION

NAME (Last, First, MI)

SSN

TELEPHONE

RANK

MAILING ADDRESS

FOR ARPC USE ONLY

DOB

SECTION II

MARITAL/DEPENDENCY STATUS

ARE YOU MARRIED?

☐ YES

☐ NO

DO YOU HAVE CHILDREN?

☐ YES

☐ NO

SECTION III

SPOUSE/CHILD(REN) INFORMATION

SPOUSE'S NAME (Last, First, MI)

SPOUSE'S SSN

SPOUSE'S DOB

DATE OF MARRIAGE

I HAVE THE FOLLOWING UNMARRIED, DEPENDENT CHILDREN UNDER AGE 22 (OVER AGE 22 AND INCAPABLE OF SELF-SUPPORT BECAUSE OF A DISABILITY INCURRED BEFORE AGE 18 OR, AFTER AGE 18, BUT BEFORE AGE 22 WHILE ATTENDING SCHOOL.)

CHILD'S NAME (Last, First, MI)	CHILD'S SSN	CHILD'S DOB	RELATIONSHIP (SON, DAUGHTER, ETC.)	DISABLED (YES/NO)

SECTION IV

FORMER SPOUSE AND CHILD(REN) OF THAT MARRIAGE

FORMER SPOUSE'S NAME (Last, First, MI)

FORMER SPOUSE'S SSN

FORMER SPOUSE'S DOB

DATE OF DIVORCE

I HAVE THE FOLLOWING UNMARRIED, DEPENDENT CHILDREN UNDER AGE 22 (OVER AGE 22 AND INCAPABLE OF SELF-SUPPORT BECAUSE OF A DISABILITY INCURRED BEFORE AGE 18 OR, AFTER AGE 18, BUT BEFORE AGE 22 WHILE ATTENDING SCHOOL.)

CHILD'S NAME (Last, First, MI)	CHILD'S SSN	CHILD'S DOB	RELATIONSHIP (SON, DAUGHTER, ETC.)	DISABLED (YES/NO)

SECTION V		COVERAGE	
a.	OPTIONS (SELECT ONE)	b.	TYPE OF COVERAGE (SELECT ONE)
	OPTION A (I DECLINE TO MAKE AN ELECTION UNTIL AGE 60.)		SPOUSE ONLY
			SPOUSE AND CHILD(REN)
	OPTION B (DEFERRED ANNUITY)		CHILD(REN) ONLY (Must Select Option C)
			FORMER SPOUSE ONLY (Former Spouse Election Statement Required)
	OPTION C (IMMEDIATE ANNUITY)		FORMER SPOUSE AND CHILD(REN) (Former Spouse Election Statement Required)
			NATURAL PERSON WITH INSURABLE INTEREST (Complete Section VII) (Full level of coverage must be selected)
c. LEVEL OF COVERAGE. SELECT THE AMOUNT OF MONTHLY RETIRED PAY YOU WISH TO HAVE THE SURVIVOR ANNUITY BASED ON. YOUR BENEFICIARY WILL RECEIVE 55% OF THE LEVEL OF COVERAGE SELECTED UNTIL THEY ARE 62. AT AGE 62 THE AMOUNT WILL BE LOWERED TO 35% OF THE FULL OR REDUCED AMOUNT SELECTED. EXCEPTION: DISABLED CHILD OR NATURAL PERSON WITH INSURABLE INTEREST.			
	FULL RETIRED PAY (See RCSBP Pamphlet)		
	REDUCED AMOUNT OF RETIRED PAY (Cannot Be Less Than \$300.) \$ _____		
SECTION VI SUPPLEMENTAL COVERAGE (COVERAGE IS OPTIONAL)			
SUPPLEMENTAL COVERAGE IS AVAILABLE IF YOU DO NOT WANT THE ANNUITY LOWERED BY THE 20% INDICATED IN SECTION V. (SEE THE RCSBP PAMPHLET FOR INFORMATION AND COST BEFORE MAKING THIS ELECTION.) PLACE AN X IN THE APPROPRIATE BOX TO INDICATE YOUR ELECTION.			
	I DECLINE SUPPLEMENTAL COVERAGE FOR MY SPOUSE/FORMER SPOUSE		
	I ELECT SUPPLEMENTAL COVERAGE FOR THE SPOUSE/FORMER SPOUSE PORTION OF MY RCSBP. NOTE: THE COVERAGE MUST BE BASED ON FULL RETIRED PAY. CHECK ONE OF THE FOLLOWING: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% </div>		
SECTION VII INSURABLE INTEREST COVERAGE			
NAME (Last, First, MI)		SSN	
DOB	ADDRESS		
RELATIONSHIP			
SECTION VIII MEMBER SIGNATURE			
MEMBER'S SIGNATURE		DATE	
SECTION IX SPOUSAL CONCURRENCE			
SPOUSAL CONCURRENCE AND SIGNATURE ARE ONLY REQUIRED IF YOU ELECTED CHILD(REN) ONLY OR A REDUCED LEVEL OF COVERAGE IN SECTION V. SIGNATURE OF THE SPOUSE MUST BE WITNESSED. THE WITNESS MUST NOT BE A BENEFICIARY OR THE MEMBER. ANY ELECTION OTHER THAN OPTION C REQUIRES SPOUSAL CONCURRENCE!			
I HEREBY CONCUR IN MY SPOUSE'S/FORMER SPOUSE'S RESERVE COMPONENT SURVIVOR BENEFIT PLAN ELECTION AS INDICATED. I HAVE READ THE INFORMATION THAT EXPLAINS THE OPTIONS AVAILABLE AND THE EFFECTS OF THOSE OPTIONS.			
_____ Signature of Spouse/Former Spouse		_____ Date	
PRINTED NAME OF WITNESS		SIGNATURE OF WITNESS (NOT A BENEFICIARY)	
ADDRESS OF WITNESS			